

# Application Packet Checklist

## **First and foremost!**

- Complete and submit electronically a City of Durham employment application. (<http://ww2.durhamnc.gov/employment/>). Note: If you do not receive a submission confirmation, your application is not visible to Human Resources.
- A printed copy of the city application is also available from the City of Durham Human Resources Department. Upon completion, it may be mailed or hand delivered to: City of Durham Human Resources Dept., 101 City Hall Plaza, Durham, NC 27701. All applications must be postmarked by if mailed or stamped if hand delivered by 8/24/2012. Candidates who hand deliver applications should bring an additional copy of their application to be stamped as proof of timely submission.
- Once your application is screened and you are confirmed eligible for testing, you will receive an email or phone call from the Fire Administration Office with directives on your testing schedule.

## **Upon arrival on the day of agility and written testing, you must bring:**

- Release of Liability and Assumption of Risk (Must be signed by a witness)
- Physical Agility Test Form (Must be signed by a physician or P.A.)
- Photo ID

## **Other documentation that must be submitted upon request:**

- Applicant Procedure for Firefighters (Signed)
- Personal History Questionnaire (Notarized)
- Authorization and Release (Notarized)
- Criminal History Record Check from the applicant's local law enforcement agency of residence for the past 7 years
- Driver's History Printout for the past 7 years from the state where the applicant has resided
- Copy of Birth Certificate
- Official High School Transcript or GED test report (Diploma copies will not be accepted)
- Copy of Military Discharge (DD-214), if applicable
- Copy of Driver's License
- Copy of Social Security Card
  
- *Indicates DFD forms*

# **CITY OF DURHAM, NORTH CAROLINA**

## **APPLICANT PROCEDURE FOR FIREFIGHTERS**

**Applicants who miss an appointment or who are not on time will be disqualified from continuing in the process.**

### **I. ELIGIBILITY REQUIREMENTS**

#### **A. ALL APPLICANTS -- All Firefighter applicants must:**

1. Be at least eighteen (18) years of age by closing of application period.
2. A high school graduate or have a GED;
3. Possess a valid Driver's License:
  - a. Applicant shall provide a valid driving record from the Division of Motor Vehicles from his or her state of residence **for the past seven (7) years.**
  - b. A history of traffic violations may result in the applicant not being recommended for employment.
  - c. A DWI conviction in the past four (4) years will eliminate the applicant from further consideration.
4. **Have no felony convictions:**
  - a. Applicant shall provide a criminal history records check from his or her local law enforcement agency **of residence for the past seven (7) years.**
  - b. **Criminal background checks from an applicant's online search will not be accepted.**
5. Be a permanent US resident;
6. Have been released or discharged from the Armed Services under Honorable conditions:
  - a. **"General"** discharges may be acceptable depending upon the circumstances.
  - b. **"Medical"** discharges may be acceptable depending upon the circumstances.
7. Have a good job history as determined by a background investigation.

### **II. TESTING**

#### **A. The Training Staff of the Fire Department will administer the agility test.**

1. A medical doctor's approval indicated by the physician's signature on the Agility Form must be obtained **before** an applicant may participate in the agility test. (**No exceptions will be made.**)
2. Release of Liability and Assumption of Risk must be **read, signed, and witnessed** before the applicant can participate in the agility test. Applicant must have a photo ID on the day of testing.
3. Applicant must wear athletic type shoes and gym clothing. (For example: sweat shirts, sweat pants, t-shirts or shorts.) If sweat pants are worn, gym shorts must be worn

underneath to allow for removal of pants as the knees must be visible for the flexibility portion of the agility test.

**NOTE: Sweat pants or knee protectors are optional, but recommended, for the claustrophobic portion of the test.**

4. Each step of the agility test is pass/fail; applicants will be disqualified at time of failure of any portion of the agility test.

B. The Human Resources Department is responsible for administering the written test.

1. Pending the successful completion of the agility test, the applicant will be given a written exam on the same day.
2. Entry level applicant's written examinations shall be a general cognition test.
3. Applicant must score 70 or greater on the written examination in order to remain eligible to continue in the process.

### **III. REQUIRED PAPERWORK**

A. The following forms are to be completed and returned to the Fire Department on the day of the applicant's agility and written testing exam:

- Release of Liability and Assumption of Risk (Must be signed by a witness)
- Physical Agility Test Form (Must be signed by a physician or P.A.)
- Photo ID

B. The following documents must be obtained by all applicants and submitted to the Fire Department by the oral interview date:

- Applicant Procedure for Firefighters (Signed)
- Personal History Questionnaire (Notarized)
- Authorization and Release (Notarized)
- Criminal History Record Check from the applicant's local law enforcement agency of residence for the past 7 years (Online searches not accepted)
- Driver's History Printout for the past 7 years from the state where the applicant has resided (Online searches not accepted)
- Copy of Birth Certificate
- Official High School Transcript or GED test report (Diploma copies will not be accepted)
- Copy of Military Discharge (DD-214), if applicable
- Copy of Driver's License
- Copy of Social Security Card
- *Indicates DFD forms*

#### **IV. ORAL REVIEW BOARD**

- A. Applicant's required paperwork will be screened to determine the continued eligibility of applicants.
- B. The Human Resources Department will notify applicants who are ineligible for employment.
- C. The Fire Department will notify applicants who are eligible to continue in the process.
- D. Successful applicants will be scheduled by the Fire Department to appear before an Oral Review Board for a formal interview.
- E. The Fire Chief or his/her designee assembles Oral Review Board members.
- F. Each applicant is asked the same job related questions with appropriate follow-up questions.

#### **V. BACKGROUND INVESTIGATIONS**

- A. Complete folders of applicants who have successfully completed the testing and interview process will be retained by the Fire Department.
- B. Background investigations will be conducted under the supervision of the Assistant Chief of Special Operations.
- C. Background investigations for firefighters will consist of four key areas:
  - Previous employment
  - Personal references
  - Driver's license and criminal history check
  - **Any additional information that may arise out of the investigation process**
- D. Applications rejected for background purposes will be returned to the Human Resources Department who will notify applicants of their results in writing.

#### **VI. FINAL SELECTION**

- A. The Fire Chief considers Oral Review Board input, test results (written and physical agility), and background investigations for final recommendation to the City Manager and the Human Resources Director.
- B. When an Academy is anticipated, the Fire Department will offer the successful candidates a conditional offer of employment contingent on successfully passing the remaining test(s).
- C. Individuals offered a Firefighter position must successfully pass a physical examination, audio-visual test, and drug test in accordance with the City of Durham policy and Fire Department minimum standards.
- D. The Human Resources Department and the Fire Department will be responsible for notifying all applicants of their employment status.

I have read and understood the above application procedures and requirements.

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Applicant Signature

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Date

# **City of Durham Fire Department Physical Agility Test**

**Flexibility:** The applicant is seated on the floor with legs fully extended against a box directly in front of him/her. The applicant's reach is then measured by slowly stretching forward with fingers extended and knees flat on the ground. The farthest distance of three attempts will be the applicant's score. All applicants must reach at least 15 inches to pass this test.

- *Job Relatedness: This task measures flexibility needed for firefighting duties.*

**Obstacle Course** – The obstacle course is completed while wearing a weighted vest. Time will start when the applicant grabs the hose coupling and will stop when the nozzle reaches the fourth floor window.

- **Hose Coupling:** The hose coupling task requires that the applicant stand 15 feet from a deluge gun (piece of firefighting equipment). The object is to couple two sections of 2 ½ inch hose to the deluge gun. The two sections of 2 ½ inch hose are placed so that the threaded ends are one foot from the deluge gun. When instructed, the applicant will run toward the end of the hose and pull the ends toward the deluge gun. The applicant then connects each line by twisting the connector in a counter-clockwise direction. When both sections of hose are tight, the applicant moves to the stair climb.
- **Stair Climb:** The applicant then will ascend four flights of stairs to the fourth floor window where he/she will complete the hose hoist.
- **Hose Hoist:** On the fourth floor, the applicant will be required to hoist one section of 2 ½" diameter hose, with a nozzle attached, from the ground to the window's ledge.

All applicants must complete the obstacle course (hose coupling, stair climb, and hose hoist) within 70 seconds to pass this test.

- *Job Relatedness: Shows coordination, physical agility, strength, endurance, and aerobic capacity.*

**Claustrophobia:** The applicant, wearing a blacked-out facepiece and weighted vest, will enter the interior of a building that has been constructed in a maze-like fashion. The applicant, using the wall for guidance, will crawl on his/her hands and knees until he/she reaches the end of the course. All applicants must reach the end of the course within five minutes to pass this test.

- *Job Relatedness: Firefighters are often required to operate in confined spaces and in zero visibility while wearing a SCBA (self-contained breathing apparatus).*

**Rescue Drag:** This task requires grasping a 160 pound mannequin and dragging it a distance of 100 feet. The test should be completed without stopping. While stopping does not automatically disqualify an applicant, it will penalize him/her in terms of seconds used to complete the task. All applicants must complete the drag within 40 seconds to pass this test.

- *Job Relatedness: This test simulates a rescue procedure involving an unconscious individual.*

**Ladder Lift:** The applicant starts in a squat position at the tip of the ladder. Holding the ladder by the beams on both sides, the applicant will stand erect and lift the ladder by using his/her legs rather than his/her back. After standing with the ladder at waist level, the applicant immediately brings the ladder to shoulder level and then presses it over his/her head with the arms fully extended. A 35-foot extension ladder will be used. The applicant's arms must be extended and in a locked position for a period of at least two seconds to ensure control of the ladder.

- *Job Relatedness: This test measures an applicant's upper body strength by completing a necessary fire ground function.*

**Ladder Climb:** The applicant will climb a 35-foot extension ladder that is leaning against the side of a building. The base of the ladder will be anchored. The applicant will be instructed on how to maneuver into the proper firefighter safety position on the ladder. Once the applicant is safely anchored onto the ladder, he/she will be given an order to lean away from the ladder. The applicant must be able to comply within 30 seconds to pass this test. The training staff will provide continuous instruction.

- *Job Relatedness: Firefighters are often required to work from heights as high as 100 feet.*

**Run:** The applicant will be instructed to run a pre-marked 1.5 mile course within the time allotted in the chart below. Time is shown as minutes, then seconds.

Gender	Age 18-29	Age 30-39	Age 40-49	Age 50-59
Male	11:58	12:25	13:05	14:33
Female	14:15	15:14	16:13	18:05

- *Job Relatedness: This test gives an indirect assessment of aerobic power, which has been shown to be one of the highest physical factors necessary for firefighters.*

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### Physician's Statement

I have read the physical fitness test description and attest that the applicant,

\_\_\_\_\_, is able to perform the activities as described.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Physician Name, Address, and Phone Number



## Release of Liability and Assumption of Risk

I, the undersigned, having applied for employment as a Firefighter, hereby acknowledge that I wish to participate in a physical agility test in furtherance of my desire to be employed by the City of Durham. I hereby certify that I have no physical disability that would jeopardize my health and physical well-being by participating in the physical agility test. I have no impairment or history regarding cardiovascular disease, respiratory disease, or any other medical or physical condition that would endanger my health by taking-the physical agility test in question. I have read a description of the physical agility test and understand its requirements and tasks that will test my strength, endurance, and physical agility. I understand that I may stop or the Test Administrator(s) may stop any exercise or physical test at anytime, and I understand that any physical disability or injury I suffer as a result of taking the physical agility test is my sole responsibility and the City of Durham is not responsible or liable to pay any cost or expense I may incur as a result of injury or physical impairment arising out of my voluntary participation in this physical agility test.

In consideration of the City of Durham's willingness to accept my application for employment, I hereby voluntarily assume any and all risks, hazards, and dangers to my physical or mental health and well-being that may attend or arise out of my participation in the physical agility test described to me, and I, for myself, my heirs and assigns, do hereby waive any and all claims, demands, and causes of action against the City of Durham, and its agents and employees, because of or arising out of the physical agility test I voluntarily wish to take, and I hereby release and discharge the City of Durham, its agents and employees, from any and all liability or claim for damages or causes of action I might otherwise have as a result of taking this physical agility test.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature

Emergency Contact Information:

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

# Personal History Questionnaire

Instructions: Fill this form out completely and accurately. If you need extra space, add additional pages and identify the item number. If an item does not apply to you, indicate this by entering N/A in the blank.

Note: All statements are subject to verification.

THIS FORM MUST BE NOTARIZED UPON COMPLETION

PERSONAL

1. Name: \_\_\_\_\_  
(First, Middle, Last)

2. Current Mailing Address:

Residence Number, Street Name, City, State, and Zip Code

3. Permanent Mailing Address:

Residence Number, Street Name, City, State, and Zip Code

4. Telephone Number(s)

Home: (        ) \_\_\_\_\_ Mobile: (        ) \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. Citizenship:    ☐ U.S. Born                 ☐ U.S. Naturalized                 ☐ Other-Specify \_\_\_\_\_

## PERSONAL OBJECTIONS

8. Do you object to wearing a uniform?      ( ) Yes                      ( ) No

9. Do you object to working nights?      ( ) Yes      ( ) No

10. Do you object to routinely being away from home overnight and for other periods of time attending meetings, acquiring training, and/or otherwise performing official duties? ( ) Yes ( ) No

11. Do you object to working 24-hour shifts? ( ) Yes ( ) No



## MILITARY SERVICE

12. Were you ever in the U.S Military Service or any other military organization?

( ) Yes

( ) No

### QUESTIONS 13 to 22 APPLY ONLY TO VETERANS AND/OR MEMBERS OF THE NATIONAL GUARD OR RESERVES

13. List your service number: \_\_\_\_\_

14. List the highest rank you held: \_\_\_\_\_

15. Date and location of your first entrance into active duty:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

16. List duty assignments in the service (most current first):

Branch	Unit (Company or Ship)	Location
From: _____		To: _____
Mo./Yr.		Mo./Yr

Branch	Unit (Company or Ship)	Location
From: _____		To: _____
Mo./Yr.		Mo./Yr

Branch	Unit (Company or Ship)	Location
From: _____		To: _____
Mo./Yr.		Mo./Yr

17. Date and location of last discharge from active duty:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

18. List the type of your last discharge:

Honorable ( )

Bad Conduct ( )

General ( )

Dishonorable ( )

Medical ( )

Other – (Specify) \_\_\_\_\_

19. List all medals and decorations awarded to you during your military service:

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20. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

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21. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action while a member of the armed forces? If yes, please explain:

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22. List any disciplinary action(s) taken against you in the National Guard or other reserve unit:

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### CRIMINAL OFFENSE RECORD

23. Have you ever been arrested by police: ( ) Yes ( ) No

If yes, list details below:

A. Offense Charged \_\_\_\_\_

Police Agency \_\_\_\_\_

Date/Disposition of Case \_\_\_\_\_

B. Offense Charged \_\_\_\_\_

Police Agency \_\_\_\_\_

Date/Disposition of Case \_\_\_\_\_

C. Offense Charged \_\_\_\_\_

Police Agency \_\_\_\_\_

Date/Disposition of Case \_\_\_\_\_

24. Have you ever been convicted of a felony: ☐ Yes ☐ No

**If yes, you are not eligible to continue in the application process.**

25. Have you ever been placed on probation: ☐ Yes ☐ No

If yes, please elaborate (include offense, probation date range, and conditions):

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26. Have you ever been required to pay a fine in excess of \$50.00 (excluding court costs): ☐ Yes ☐ No

If yes, give details:

### **DRIVING HISTORY**

27. Do you possess a valid driver's license: ☐ Yes ☐ No

State of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

28. Has your license ever been suspended or revoked: ☐ Yes ☐ No

If yes, please elaborate (include charges, date range of revocation/suspension, and date of reinstatement):

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### **CAREER OBJECTIVES**

29. Briefly explain your reasons for applying for this position.

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30. List any special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies, which may be useful in the performance of the duties of the position for which you have applied:

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### WORK HISTORY

List all jobs you have held in the last ten years. Begin with your current or most recent employer. If you need more space, you may attach additional sheets. (Please indicate if you do NOT want us to contact your present employer)

A. Title / Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Full Time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Duties:

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Reason for Leaving: \_\_\_\_\_

B. Title / Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Full Time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Duties:

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Reason for Leaving: \_\_\_\_\_

C. Title / Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Full Time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Duties:

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Reason for Leaving: \_\_\_\_\_

D. Title / Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Full Time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Duties:

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Reason for Leaving: \_\_\_\_\_

## REFERENCES

List five references, other than relatives and past employers, who could provide information about your character, ability, experience, personality, or other qualities.

Name	Address	Telephone (Home/Mobile)	Email (Optional)
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- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Applicant Signature)

Subscribed and sworn to before me, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (Official Seal)

\_\_\_\_\_  
(Commission Expires)



## City of Durham, North Carolina



### Authorization and Release

I, \_\_\_\_\_, of \_\_\_\_\_,  
do hereby state that I hold Social Security Number \_\_\_\_\_,  
and that I am applying for employment as Firefighter with the City of Durham. I hereby  
request and authorize the release, disclosure, and divulgence to the City of Durham, its  
agents and employees, of any and all information, documents, records, writings, or other  
data generally, including any medical, psychiatric, disciplinary, or criminal records  
pertaining to me, of whatever kind or nature, I do further release, quitclaim, and forever  
discharge any person, corporation, association, or governmental agency from any and all  
liability, claims, or cause of actions that I may have or ever will have arising out of the  
release, disclosure, or divulgence of any information, documents, records, writings, or  
data generally possessed by any person, corporation, association, or governmental agency  
pertaining to me.

I do further expressly request and authorize the release and divulgence of any medical,  
psychiatric, education, disciplinary, or criminal records, information, or writings  
generally pertaining to me.

Signature: \_\_\_\_\_

NOTARY: Witnessed by hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.